

The mission of the City of Flagstaff is to enhance the quality of life of its citizens while supporting the values of the community.

We Value:
*Accountability Responsiveness
Quality Professionalism
Teamwork Problem Solving*

CITY MANAGER'S EMPLOYEE EXCELLENCE AWARDS NOMINATION

I NOMINATE THE FOLLOWING:

EMPLOYEE: _____

EMPLOYEE GROUP: _____

HUMPHREYS: AN INDIVIDUAL EMPLOYEE FOR OVERALL EXCELLENCE

THE CITY MANAGER'S HIGHEST AWARD OF EXCELLENCE. THIS AWARD WILL BE GIVEN TO AN INDIVIDUAL, EACH YEAR, WHO EXEMPLIFIES THE CITY'S VALUES TO AN EXTRAORDINARY DEGREE. (NOT AVAILABLE FOR A GROUP AWARD)

AGASSIZ: INDIVIDUAL OR GROUP AWARD

THE CITY MANAGER'S AWARD OF EXCELLENCE TO BE GIVEN TO AN INDIVIDUAL, OR A GROUP, WHO IS OUTSTANDING IN ONE OF THE SPECIFIC VALUES OF THE CITY.

FREMONT INDIVIDUAL OR GROUP AWARD

THE CITY MANAGER'S AWARD OF EXCELLENCE TO BE GIVEN TO AN INDIVIDUAL, OR A GROUP, WHO EXCELS IN ONE OF THE SPECIFIC VALUES OF THE CITY.

AWARD CATEGORIES:

ACCOUNTABILITY

RESPONSIVENESS

QUALITY

PROFESSIONALISM

TEAMWORK

PROBLEM SOLVING

1. PLEASE EXPLAIN WHY YOU THINK THIS EMPLOYEE/GROUP OF EMPLOYEES DESERVES THIS AWARD. (BE SPECIFIC): (Use additional pages).

2. PLEASE RELATE SPECIFIC INSTANCES WHERE THE EMPLOYEE/GROUP OF EMPLOYEES DEMONSTRATED THE QUALITIES UPON WHICH THE NOMINATION IS BASED: (Use additional pages).

3. PLEASE EXPLAIN WHY THESE ACTIONS EXCEED THE REALM OF RESPONSIBILITY OF THE EMPLOYEE/GROUP OF EMPLOYEES. (Use additional pages).

4. PLEASE SUPPLY ANY ADDITIONAL INFORMATION, DOCUMENTATION, IN SUPPORT OF THIS NOMINATION. YOU MAY SUBMIT UP TO 5 NAMES AND PHONE NUMBERS OF OTHERS WHO ARE WILLING TO PROVIDE SUPPORT FOR THIS NOMINATION. (Use additional pages).

YOUR NAME: _____ PHONE NO. _____

YOU MAY BE CONTACTED BY THE SELECTION COMMITTEE TO SUPPLY FURTHER INFORMATION, IF REQUIRED.
RETURN COMPLETED FORM TO CITY MANAGER, 211 W ASPEN, FLAGSTAFF, AZ 86001. 928-214-2415 FAX.

“Service at a Higher Elevation”